

# **Avant Assurance Inc. Independent Contractor Standards Guide**

**June 2022**

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## **Section 1 - Welcome Statement**

On behalf of Avant Assurance Inc., let us extend a warm and sincere welcome. We hope you will enjoy your work with us as a contractor. We believe that each person working with our company contributes directly to Avant Assurance Inc.'s growth and success.

## **Section 2 - Purpose of this Guide**

This guide is designed to help independent contractors learn about our culture and how we operate on a daily basis. Please refer to it whenever you have questions. This guide is intended to provide general information about our company and we hope it is helpful to independent contractors. It is not intended to create contractual rights or obligations of any kind.

## **Section 3 - Open Door Policy**

The company has an open-door policy and takes the concerns of its contractors seriously. Although independent contractors are encouraged to speak to their employer first, our company's open-door policy means contractors should feel free to raise issues that need attention.

## **Section 4 - Outside Employment**

Independent contractors are free to perform services for other companies at any time, as long as such services are not within the insurance industry. Independent contractors agree to not hold any insurance company appointments other than the ones working with Avant Assurance Inc.

## **Section 5 - Visitors**

Unauthorized persons are not permitted at the company location at any time.

## **Section 6 - Working Schedule**

Contractors are free to make their own schedules. After work schedules have been communicated and agreed upon, however, it is important to honor these commitments.

## **Section 7 - Workplace Violence**

It is Avant Assurance Inc.'s policy that any threats, threatening language, or any other acts of aggression or violence will not be tolerated. Violations of this policy may lead to immediate termination of the contract.

## **Section 8 - Smoking**

Our company is in compliance with the Clean Air Act and has made all our office buildings designated non-smoking areas. Smoking will not be allowed within any office buildings. To those who smoke, we respectfully request your understanding and cooperation and ask that if you need to smoke please do so outside the buildings. This includes "Vaping" or using e-cigarettes. Smoking is prohibited in all company vehicles and premises.

## **Section 9 - Confidential Company Information**

The protection of confidential business information and trade secrets is vital to the interests and the success of this organization. Such confidential information includes but is not limited to the following examples: Customer lists and contact information, Price lists, Financial information, Marketing strategies, compensation plan and bonuses, business structure, and Employee information.

Dissemination of proprietary or confidential Company information via electronic or other means without appropriate authorization is prohibited. It is extremely important that all confidential information not be disclosed or communicated in any way.

## **Section 10 - Health and Safety**

The company takes every reasonable precaution to ensure that we have a safe working environment. Safety measures and rules are in place for the protection of all employees and contractors. It is everyone's responsibility to help prevent accidents. Contractors who observe an unsafe practice or condition should report it immediately.

## **Section 11 - Solicitation / Distribution**

The company works hard to maintain a pleasant and cooperative environment. However, no business relationship can operate efficiently if there are frequent work interruptions. As such, contractors should not solicit for any cause, or distribute literature of any kind for any purpose during regular business hours.

## Section 12 – Compensation

### I- COMPENSATION TERMS

The following must take place in order for the Agent to be paid:

1. Policy must be Active and paid by Insurance Carrier.
2. Each commission payment will be paid as it is being received by insurance companies, whereas multiple payments may be issued on each month. Insurance companies and Avant Assurance Inc reserve the right to amend commissions during the 2022 special enrollment period.
3. The commission schedule below applies to policies with an effective date of August, 1<sup>st</sup>, 2022 through December, 31<sup>st</sup>, 2022.
4. Acceptable forms of payment include the following: ACH.
5. Commission and Bonus compensation will be issued as a one-time payment.

### II- Insurance Company - Tier 1 (Per Member)

Ambetter	Friday	Oscar
\$35.00	\$35.00	\$35.00

### III- Insurance Company - Tier 2 (Per Member)

Aetna	BCBSTX	Cigna	UHC	Bright
\$20.00	\$20.00	\$20.00	\$20.00	\$20.00

### IV- Insurance Company – Tier 3 (Per Member)

Anthem	BCBSIL	Molina
\$5.00	\$5.00	\$5.00

*\* Policies from Florida Blue will NOT be processed and will NOT receive compensation.*

*\* Policies with a monthly premium must have a method of payment in order to be processed. If no method of payment is provided, policies will be marked as “Issue”, will NOT be processed and will NOT receive compensation.*

*\* Policies from carriers NOT included in the approved tiers will be marked as “Issue”, will NOT be processed and will NOT receive compensation.*

### **Section 13 – Counterparts**

(a) **Counterparts.** This Agreement may be executed in any number of counterparts, each of which when so executed and delivered shall be deemed an original, and all of which together shall constitute one and the same agreement. Execution of a facsimile copy will have the same force and effect as execution of an original, and a facsimile signature will be deemed an original and valid signature.

The parties have executed this Agreement on the respective dates set forth below, to be effective as of the Effective Date first above written.

#### **THE COMPANY:**

Avant Assurance Inc.

By: \_\_\_\_\_

Name: Reinier Cortes

Title: Chief Executive Officer

Date: \_\_\_\_\_

#### **THE INDEPENDENT CONTRACTOR:**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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